
Appendix C


**Drug Court Grantee Reporting Requirements
and Drug Court Grantee Data Collection Survey**

Appendix C

Drug Court Grantee Reporting Requirements

All recipients of Drug Courts Program Office grants are required to submit the following reports:

1. **Financial Status Reports (SF 269):** Financial status reports (SF 269-A) are due quarterly on the 45th day following the end of each calendar quarter. A report must be submitted every quarter the award is active even if there has been no financial activity during the reporting period. The final report is due 120 days after the end date of the award. The Office of the Comptroller will provide a copy of this form in the initial award package. Future awards and fund drawdowns may be withheld if the progress and financial status reports are delinquent.
2. **Categorical Assistance Progress Reports:** Recipients of funding are required to submit an initial and then semi-annual progress report. The progress reports describe activities during the reporting period and the status or accomplishment of objectives as set forth in the approved application for funding. Progress reports must be submitted within 30 days after the end of the reporting periods, which are January 1 through June 30 and July 1 through December 31 for the life of the award. A final report, which provides a summary of progress toward achieving the goals and objectives of the award, significant results, and any products developed under the award, is due 120 days after the end date of the award. The Office of the Comptroller will provide a copy of this form in the initial award package.
3. **Drug Court Grantee Data Collection Survey:** To ensure that grantees are collecting critical information about their drug court programs for evaluation purposes and to assist in the national evaluation of drug courts, grantees that receive funds to implement or enhance a drug court are required to submit the Drug Court Grantee Data Collection Survey on a semiannual basis. The survey periods run January 1 June 30 and July 1 December 31. The surveys are due 60 days after the end of the report period, that is, no later than August 31 and February 28, respectively. These data will capture baseline information on both drug courts and defendants.
4. **Single Audit Report:** Recipients who expend \$300,000 or more of Federal funds during their fiscal year are required to submit an organization-wide financial and compliance audit report. The audit must be performed in accordance with the U.S. General Accounting Office Government Auditing Standards. The audit report is currently due to the cognizant Federal agency or oversight agency not later than 13 months after the end of the recipient's fiscal year. For fiscal years beginning on or after July 1, 1998, the audit report will be due 9 months after the end of the recipients fiscal year.

 <p>U.S. DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS DRUG COURTS PROGRAM OFFICE WASHINGTON, D.C. 20531</p>	<h2 style="margin: 0;">DRUG COURT GRANTEE DATA COLLECTION SURVEY</h2>																								
<p>DIRECTIONS: As a Drug Courts Program Office discretionary grantee, you are required to complete this survey. This form must be completed on a semiannual basis and submitted with your progress reports due at the end of January and July of each year. Complete Section I and update only as necessary. Update Section II at the end of January and July each year. If a grant is for multiple jurisdictions, each jurisdiction must complete the survey individually.</p>																									
I. BASELINE INFORMATION																									
A. GENERAL INFORMATION																									
<p>(A). REPORTING PERIOD MONTHS: January – June Year _____ July – December Year _____</p> <p>(B). DRUG COURTS PROGRAM OFFICE GRANT NUMBER _____</p> <p>(C). DATE SURVEY WAS COMPLETED _____</p> <p>1. GRANTEE NAME (As it appears on Official DCPO Award document)</p> <p>2. TITLE (Grantee)</p> <p>3. ADDRESS (Grantee)</p> <p>4. TELEPHONE (Grantee)</p> <p>5. FAX (Grantee)</p> <p>6. E-MAIL (Grantee)</p> <p>7. NAME AND ADDRESS (Of person completing this form). (Please include Title and Telephone, Fax and E-Mail address)</p>	<p>8. TYPE OF DRUG COURT GRANT</p> <p><input type="checkbox"/> Single Jurisdiction Implementation</p> <p><input type="checkbox"/> Single Jurisdiction Enhancement</p> <p><input type="checkbox"/> Multi-Jurisdictional Implementation</p> <p><input type="checkbox"/> Multi-Jurisdictional Enhancement</p> <p>9. GRANT AWARD PERIOD _____ to _____</p> <p>10. DATE DRUG COURT PROGRAM STARTED</p> <p>11. DATE STARTED WITH DCPO FUNDING (If different)</p> <p>12. AMOUNT OF GRANT AWARD</p> <p>13. NAMES AND POSITIONS OF KEY PERSONNEL</p> <p>14. SIZE OF JURISDICTION: (Population of county or city served by court). Indicate the geographic jurisdiction served by the court.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Yes/No</th> <th style="width: 30%; text-align: center;">Name of Jurisdiction</th> <th style="width: 30%; text-align: center;">Population</th> </tr> </thead> <tbody> <tr> <td>State</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Multi-county</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>County</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>City</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Tribe</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Yes/No	Name of Jurisdiction	Population	State	_____	_____	_____	Multi-county	_____	_____	_____	County	_____	_____	_____	City	_____	_____	_____	Tribe	_____	_____	_____
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B. DRUG COURT INFORMATION																									
<p>15. TYPE OF DRUG COURT (Check all that apply)</p> <p><input type="checkbox"/> Adult</p> <p><input type="checkbox"/> Juvenile</p> <p><input type="checkbox"/> Felony</p> <p><input type="checkbox"/> Misdemeanor</p>	<p>16. IN GENERAL, WHICH APPROACH DOES THE DRUG COURT FOLLOW? (Check one)</p> <p><input type="checkbox"/> Deferred Prosecution: Adjudication is deferred and the defendant is diverted to the treatment program after being charged.</p> <p><input type="checkbox"/> Postadjudication: Adjudication occurs, but the sentence is deferred or pronounced and the defendant enters the treatment program.</p> <p><input type="checkbox"/> Other (Specify)</p>																								

<p>17. WHO IS ELIGIBLE TO PARTICIPATE IN THE DRUG COURT PROGRAM? (Check all that apply)</p> <p> <input type="checkbox"/> Adult male <input type="checkbox"/> Adult female <input type="checkbox"/> Juveniles <input type="checkbox"/> Nonviolent offenders <input type="checkbox"/> Violent offenders (Past or present) <input type="checkbox"/> Offenders with substance (i.e. controlled or other addictive substances) addiction <input type="checkbox"/> Offenders without substance addiction <input type="checkbox"/> First-time offenders <input type="checkbox"/> Repeat offenders <input type="checkbox"/> Probation violators </p>	<p>21. ARE THE FOLLOWING GRADUATION REQUIREMENTS? (If yes, provide the time period.)</p> <p> Number of months drug free _____ Number of months without rearrests _____ Number of months employed _____ Other (Specify) _____ _____ _____ _____ _____ </p>																																																															
<p>18. WHAT IS THE LENGTH OF THE PROGRAM?</p> <p>Number of months _____</p> <p><i>If actual average length to graduate is different, indicate (number of months)</i></p> <p>_____</p>	<p>22. SINCE THE PROGRAM BEGAN, WHAT IS THE TOTAL AMOUNT OF FUNDING FOR EACH OF THE FOLLOWING TYPES THAT THE PROGRAM HAS RECEIVED? (Check all sources that apply after amount of funding.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Amount Received</th> <th style="width: 20%; text-align: center;">Year(s) Received</th> </tr> </thead> <tbody> <tr> <td colspan="3">a. FEDERAL GOVERNMENT</td> </tr> <tr> <td><input type="checkbox"/> Violent Crime Control Act of 1997 (Drug Courts Program Office)</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Local Law Enforcement Block Grant</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Edward Byrne Memorial Grant</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Comprehensive Communities Grant</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Corrections Options Grant</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Center for Substance Abuse Treatment (CSAT) Substance Abuse Treatment and Treatment Block Grant, includes CSAT technical assistance</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> CSAT Criminal Justice Treatment Networks</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> CSAT Target Cities</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Medicaid</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other federal government (Please specify)</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>b. State government</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>c. Local government</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>d. Private (Grants/donations from foundations, businesses, charitable organizations) Please list sources</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>e. Participant fees actually collected</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>		Amount Received	Year(s) Received	a. FEDERAL GOVERNMENT			<input type="checkbox"/> Violent Crime Control Act of 1997 (Drug Courts Program Office)	\$ _____	_____	<input type="checkbox"/> Local Law Enforcement Block Grant	\$ _____	_____	<input type="checkbox"/> Edward Byrne Memorial Grant	\$ _____	_____	<input type="checkbox"/> Comprehensive Communities Grant	\$ _____	_____	<input type="checkbox"/> Corrections Options Grant	\$ _____	_____	<input type="checkbox"/> Center for Substance Abuse Treatment (CSAT) Substance Abuse Treatment and Treatment Block Grant, includes CSAT technical assistance	\$ _____	_____	<input type="checkbox"/> CSAT Criminal Justice Treatment Networks	\$ _____	_____	<input type="checkbox"/> CSAT Target Cities	\$ _____	_____	<input type="checkbox"/> Medicaid	\$ _____	_____	<input type="checkbox"/> Other federal government (Please specify)	\$ _____	_____	<input type="checkbox"/>	\$ _____	_____	<input type="checkbox"/>	\$ _____	_____	b. State government	\$ _____	_____	c. Local government	\$ _____	_____	d. Private (Grants/donations from foundations, businesses, charitable organizations) Please list sources	\$ _____	_____	<input type="checkbox"/>	\$ _____	_____	<input type="checkbox"/>	\$ _____	_____	<input type="checkbox"/>	\$ _____	_____	e. Participant fees actually collected	\$ _____	_____
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<p>19. DOES THE DRUG COURT HAVE PHASES? (If yes, list them and give the length of each phase.)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">Phase</th> <th style="width: 70%; text-align: left;">How Long</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Phase	How Long	_____	_____	_____	_____	_____	_____	_____	_____	<p>23. WHICH OF THE FOLLOWING STATEMENTS BEST DESCRIBES ANY FEES CHARGED TO PARTICIPANTS (By the court or by any contractors providing services), EITHER CURRENTLY OR IN THE PAST?</p> <p> <input type="checkbox"/> Participant fees are charged currently. (Continue with Question 24) <input type="checkbox"/> Participant fees were charged previously, but are not currently. (Continue with Question 24) <input type="checkbox"/> Participant fees have never been charged. (Skip to Question 25) </p>																																																					
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<p>24. WHAT IS/WAS THE PURPOSE AND AMOUNT OF EACH FEE CHARGED TO PARTICIPANTS?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 40%;">Description/purpose of fee</th> <th style="text-align: left; width: 60%;">Amount of fee</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </table>	Description/purpose of fee	Amount of fee	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	<p>25. HOW IS DRUG COURT DATA GATHERED AND COMPILED?</p> <p><input type="checkbox"/> Manually</p> <p><input type="checkbox"/> Automated</p> <p><input type="checkbox"/> Both</p>
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II. DRUG COURT PARTICIPANT/PROGRAM INFORMATION																																			
<p>26. NUMBER OF PARTICIPANTS:</p> <p>From the start of the program _____</p> <p>From the start of the grant _____</p> <p>For current reporting period _____</p>	<p>29. FROM THE TIME THE PROGRAM BECAME OPERATIONAL TO THE PRESENT, FROM THE BEGINNING OF THE GRANT TO THE PRESENT, AND FOR THE CURRENT REPORTING PERIOD (If different) HOW MANY PEOPLE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Since program start</th> <th style="width: 10%; text-align: center;">Since grant start</th> <th style="width: 20%; text-align: center;">For current reporting period</th> </tr> <tr> <td>a. Have been admitted to the drug court program?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b. Have completed the program?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c. Have failed to complete the program because they:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td> (1.) Have been terminated?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td> (2.) Have voluntarily withdrawn?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td> (3.) Have died while in the program?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>d. Are currently enrolled?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>				Since program start	Since grant start	For current reporting period	a. Have been admitted to the drug court program?	_____	_____	_____	b. Have completed the program?	_____	_____	_____	c. Have failed to complete the program because they:	_____	_____	_____	(1.) Have been terminated?	_____	_____	_____	(2.) Have voluntarily withdrawn?	_____	_____	_____	(3.) Have died while in the program?	_____	_____	_____	d. Are currently enrolled?	_____	_____	_____
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<p>27. TOTAL CAPACITY:</p> <p>From the start of the program _____</p> <p>From the start of the grant _____</p> <p>For current reporting period _____</p>																																			
<p>28. NUMBER OF GRADUATES FROM THE DRUG COURT PROGRAM:</p> <p>From the start of the program _____</p> <p>From the start of the grant _____</p> <p>For current reporting period _____</p>																																			

<p>30. PROVIDE THE FOLLOWING DEMOGRAPHIC INFORMATION ABOUT PARTICIPANTS IN THE PROGRAM SINCE THE BEGINNING OF THE GRANT, SINCE THE BEGINNING OF THE PROGRAM, AND FOR THE CURRENT REPORTING PERIOD (If different).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;"></th> <th colspan="3" style="text-align: center;">Number of persons:</th> </tr> <tr> <th></th> <th style="text-align: center;">Since program start</th> <th style="text-align: center;">Since grant start</th> <th style="text-align: center;">For current reporting period</th> </tr> <tr> <td>Age 12-16</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Age 17-18</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Age 19-21</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Age 22-30</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Age 31-40</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Age 41 or over</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number of males</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number of females</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number of drug-free babies born to participants</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Number of persons:				Since program start	Since grant start	For current reporting period	Age 12-16	_____	_____	_____	Age 17-18	_____	_____	_____	Age 19-21	_____	_____	_____	Age 22-30	_____	_____	_____	Age 31-40	_____	_____	_____	Age 41 or over	_____	_____	_____	Number of males	_____	_____	_____	Number of females	_____	_____	_____	Number of drug-free babies born to participants	_____	_____	_____	<p>31. PROVIDE THE NUMBER OF PARTICIPANTS OF THE FOLLOWING RACIAL OR ETHNIC DESCENT:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;"></th> <th colspan="3" style="text-align: center;">Number of persons:</th> </tr> <tr> <th></th> <th style="text-align: center;">Since program start</th> <th style="text-align: center;">Since grant start</th> <th style="text-align: center;">For current reporting period</th> </tr> <tr> <td>African American</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Hispanic/Latino</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Asian/Pacific Islander</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Native American</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Alaskan Native</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Caucasian</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Number of persons:				Since program start	Since grant start	For current reporting period	African American	_____	_____	_____	Hispanic/Latino	_____	_____	_____	Asian/Pacific Islander	_____	_____	_____	Native American	_____	_____	_____	Alaskan Native	_____	_____	_____	Caucasian	_____	_____	_____	Other	_____	_____	_____
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Native American	_____	_____	_____																																																																														
Alaskan Native	_____	_____	_____																																																																														
Caucasian	_____	_____	_____																																																																														
Other	_____	_____	_____																																																																														

<p>32. HOW LONG DO YOU PLAN TO FOLLOW UP ON THE PROGRESS OF DRUG COURT PARTICIPANTS AFTER GRADUATION?</p> <p>6 months <input type="checkbox"/> 18 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____</p>	<p>38. NUMBER OF PARTICIPANTS ARRESTED OR CONVICTED AFTER GRADUATION:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Since program start</th> <th style="width: 20%; text-align: center;">Since grant start</th> <th style="width: 20%; text-align: center;">For current reporting period</th> </tr> <tr><td>0-6 months after graduation:</td><td></td><td></td><td></td></tr> <tr><td>Drug offense</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Other nonviolent</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Violent offense</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Traffic offense:</td><td></td><td></td><td></td></tr> <tr><td> Driving while under the influence</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td> Other (please describe)</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>7-12 months after graduation:</td><td></td><td></td><td></td></tr> <tr><td>Drug offense</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Other nonviolent</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Violent offense</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Traffic offense:</td><td></td><td></td><td></td></tr> <tr><td> Driving while under the influence</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td> Other (please describe)</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>13-18 months after graduation:</td><td></td><td></td><td></td></tr> <tr><td>Drug offense</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Other nonviolent</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Violent offense</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Traffic offense:</td><td></td><td></td><td></td></tr> <tr><td> Driving while under the influence</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td> Other (please describe)</td><td>_____</td><td>_____</td><td>_____</td></tr> </table>		Since program start	Since grant start	For current reporting period	0-6 months after graduation:				Drug offense	_____	_____	_____	Other nonviolent	_____	_____	_____	Violent offense	_____	_____	_____	Traffic offense:				Driving while under the influence	_____	_____	_____	Other (please describe)	_____	_____	_____	7-12 months after graduation:				Drug offense	_____	_____	_____	Other nonviolent	_____	_____	_____	Violent offense	_____	_____	_____	Traffic offense:				Driving while under the influence	_____	_____	_____	Other (please describe)	_____	_____	_____	13-18 months after graduation:				Drug offense	_____	_____	_____	Other nonviolent	_____	_____	_____	Violent offense	_____	_____	_____	Traffic offense:				Driving while under the influence	_____	_____	_____	Other (please describe)	_____	_____	_____
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<p>33. NUMBER OF PROGRAM PARTICIPANTS WHO GAINED A GED OR VOCATIONAL TRAINING CREDENTIAL WHILE IN THE PROGRAM:</p> <p>From the start of the program _____</p> <p>From the start of the grant _____</p> <p>For current reporting period _____</p>																																																																																									
<p>34. NUMBER OF PROGRAM PARTICIPANTS EMPLOYED AT GRADUATION:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Part-time (under 30 hrs/wk)</th> <th style="width: 20%; text-align: center;">Full-time (30+hrs/wk)</th> </tr> <tr><td>From the start of the program</td><td>_____</td><td>_____</td></tr> <tr><td>From the start of the grant</td><td>_____</td><td>_____</td></tr> <tr><td>For current reporting period</td><td>_____</td><td>_____</td></tr> </table>		Part-time (under 30 hrs/wk)	Full-time (30+hrs/wk)	From the start of the program	_____	_____	From the start of the grant	_____	_____	For current reporting period	_____	_____																																																																													
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<p>35. NUMBER OF PERSONS FOR WHOM BENCH WARRANTS WERE ISSUED, WHO HAVE NOT BEEN PICKED UP, AND HAVE BEEN IN BENCH WARRANT STATUS FOR OVER 60 DAYS.</p> <p>From the start of the program _____</p> <p>From the start of the grant _____</p> <p>For current reporting period _____</p>																																																																																									
<p>36. NUMBER OF PARTICIPANTS ARRESTED OR CONVICTED WHILE IN THE DRUG COURT PROGRAM:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Since program start</th> <th style="width: 20%; text-align: center;">Since grant start</th> <th style="width: 20%; text-align: center;">For current reporting period</th> </tr> <tr><td>Drug offense</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Other nonviolent</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Violent offense</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Traffic offense:</td><td></td><td></td><td></td></tr> <tr><td> Driving while under the influence</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td> Other (please describe)</td><td>_____</td><td>_____</td><td>_____</td></tr> </table>		Since program start	Since grant start	For current reporting period	Drug offense	_____	_____	_____	Other nonviolent	_____	_____	_____	Violent offense	_____	_____	_____	Traffic offense:				Driving while under the influence	_____	_____	_____	Other (please describe)	_____	_____	_____	<p>39. NUMBER OF PARTICIPANTS WHO REMAIN DRUG FREE AFTER GRADUATION (If information is available):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Number of participants</th> <th style="width: 20%; text-align: center;">Point in time (days/months) after graduation during which data is collected</th> </tr> <tr><td>From the start of the program</td><td>_____</td><td>_____</td></tr> <tr><td>From the start of the grant</td><td>_____</td><td>_____</td></tr> <tr><td>For current reporting period</td><td>_____</td><td>_____</td></tr> </table>		Number of participants	Point in time (days/months) after graduation during which data is collected	From the start of the program	_____	_____	From the start of the grant	_____	_____	For current reporting period	_____	_____																																																
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<p>37. NUMBER OF CLIENTS WHO REENTERED THE DRUG COURT PROGRAM, AFTER COURT/SELF TERMINATION OR GRADUATION:</p> <p>From the start of the program _____</p> <p>From the start of the grant _____</p> <p>For current reporting period _____</p>																																																																																									
<p>Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, D.C. 20531; and to Public Use Reports Project, 1121-0190, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.</p>																																																																																									